

DEPARTMENT OF TRANSPORTATION
HONOLULU, HAWAII

STUDENT HELPER & INTERN EMERGENCY CONTACT FORM

NAME OF EMPLOYEE: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____

ADDRESS: _____
(PO BOX OR NUMBER AND STREET, CITY, STATE, ZIP CODE)

EMAIL ADDRESS: _____

TELEPHONE NUMBER: HOME _____ MOBILE _____



IN CASE OF EMERGENCY, PLEASE NOTIFY:

PARENT OR GUARDIAN

(PRINT NAME)

(PHONE NUMBER)

(ADDRESS)

(RELATIONSHIP)

ADDITIONAL CONTACT

(PRINT NAME)

(PHONE NUMBER)

(ADDRESS)

(RELATIONSHIP)

(SIGNATURE OF EMPLOYEE)

EFFECTIVE DATE: _____